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OFFICE OF THE MAYOR



JOE A. SMITH  
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CITY HALL  
P.O. BOX 5757  
NORTH LITTLE ROCK, ARKANSAS 72119-5757  
website: www.nlr.ar.gov

MEMORANDUM

TO: Members of the North Little Rock City Council  
FROM: Glinda Craigmyle *GC*  
DATE: June 6, 2016  
SUBJECT: Alcoholic Beverages Permit Request

For your information, I have enclosed a copy of the *Assignment and Comments of Officials* form from the State of Arkansas, Alcoholic Beverage Control Division.

The following applicant has applied for an off premises retail beer & small farm winery permit with a change of manager from, Marty Walter:

Laura A. Picklesimer  
Corner Store #1787  
9600 Hwy 165 East  
North Little Rock, AR

Please note the 15 day comment period referred to in the final paragraph of the *Comment* page.

Thank you.

Attachments

FILED 8:45 A.M. \_\_\_\_\_ P.M.  
BY Glinda Mayors Office  
DATE 6-7-16  
Diane Whitbey, City Clerk and Collector  
North Little Rock, Arkansas  
RECEIVED by Slattery

ALCOHOLIC BEVERAGE CONTROL DIVISION  
COMMENTS OF PUBLIC OFFICIALS

DSJ003 D6LG\*2

APPLICANT'S NAME: LAURA A. PICKLESIMER

TYPE OF APPLICATION: Retail Beer off Premises &amp; Small Farm Wine - Change of Manager from Marty Walter

BUSINESS NAME: CORNER STORE #1787

BUSINESS ADDRESS: 9600 Hwy 165 East, North Little Rock, AR, 72117

DATE OF APPLICATION: 05/23/2016

NAME OF PUBLIC OFFICIAL: \_\_\_\_\_

TITLE OF OFFICIAL: \_\_\_\_\_

OFFICIAL MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE : \_\_\_\_\_

SIGNATURE OF OFFICIAL: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME OF AGENCY OR COURT: \_\_\_\_\_

Do you have any objections to the issuance of this permit? \_\_\_\_\_

( Yes or No )

If yes, please explain your objections below:

To ensure your comments are available at the time this application is considered by the Director, please complete and return this form to ABC Administration, 1515 West 7th Street, Suite 503, Little Rock, AR 72201, within fifteen (15) days of receipt. In compliance with the Freedom of Information Act, this Comment Form will become a matter of public record. **Pursuant to ACA 3-2-103, a national fingerprint based background check will be, or has been, conducted. At ACICs request, do not run your own criminal history check through ACIC.**

**ASSIGNMENT**

D6J003-D6L013

**Date Received:** 05/23/2016**Date Assigned:** 06/01/2016**Applicant:** LAURA A. PICKLESIMER**D.O.B:** 04/20/1968**Green Card Number (Permanent Resident Alien):****Home Address:** 15 Fairfield Drive, North Little Rock, AR, 72120**Home Phone:****Business Phone :** 501-352-3233**Cell Phone:** 501-612-4208**Trade Name:** CORNER STORE #1787**Former Trade Name:** CORNER STORE #1787**Business Address :** 9600 Hwy 165 East, North Little Rock**County** Pulaski**Type Of Investigation:** Retail Beer off Premises & Small Farm Wine - Change of Manager from  
Marty Walter  
03266**Dancing, if requested:****Comments / Remarks :****Copies Of Assignment and  
Comment Form Mailed to:**

Mayor Joe Smith &amp; City Council

Michael Davis, Chief of Police

Doc Holladay, Sheriff

Larry Jegley, Prosecuting Attorney

**Assigned to Investigator:** \_\_\_\_\_**Stockholders / Partners / LLC****Members:**

**CHANGE OF MANAGER, ADDITIONAL STOCKHOLDER OR PARTNER**

**INSTRUCTIONS**

**CORNER STORE 1787**

**Attn MARTY WALTER**

PO Box 690007

San Antonio TX 782690007

APR 12 2016  
*[Signature]*

-----Please See Reverse for Application Form-----

1. Submit Investigation fee of \$50.00, per permit. **NO CASH**
2. Completed Schedule A and Authority to Release Information forms. **PLEASE PRINT IN INK OR TYPE. FORMS ARE TO BE NOTARIZED PRIOR TO SUBMITTING.**

**APPLICATION MUST BE ACCOMPANIED BY CRIMINAL BACKGROUND INVESTIGATION RESULTS (FORM AND INSTRUCTIONS ENCLOSED)**

3. Applicant must be a citizen of the United States, or a permanent resident alien (must attach copy of green card), and a resident of Arkansas. Applicant must also be a resident of the county in which application has been made, or live within 35 miles of the premises to be permitted.
4. If this is a change of manager for a corporation or LLC, a letter from the corporation or LLC stating the managerial position of the applicant must accompany this application.
5. If this application is for an **ON PREMISES** permit(s) or **Private Club**, please complete the **Description of Business and Entertainment Activities** form.
6. If the permit is a **Private Club** a copy of the club minutes authorizing the application for change of permit holder must also accompany the application.

**Mail To: Alcoholic Beverage Control  
1515 West 7th Street, Suite 503  
Little Rock, Arkansas 72201**

current

COM00000101

RECEIVED  
MAY 17 2016  
BY: *[Signature]*



## Change Of Manager / Additional Stockholder(s) / Partner(s) Application

Permit Holder: **MARTY WALTER**

Permit No	Trade Name of Business and Address	Business Phone	Contact Phone
03266	CORNER STORE #1787 9600 Hwy 165 East, North Little Rock, AR, 72117	501-352-3233	

Home Address	Current Address	If new address change here
	797 Mallard Lane Conway, AR, 72034	
Mailing Address	P.O. Box 690007 San Antonio, TX, 78269-0007	
Email Address		

Please check the appropriate ( Requested Change ) :

☒ Change Of Manager  
☐ Additional Stockholder(s)  
☐ Additional Partner(s)

Please check applicable permits :

Select	Permit Description	Fee	NO CASH
<input checked="" type="checkbox"/>	Retail Beer Off Premises	\$50.00	
<input checked="" type="checkbox"/>	Small Farm Winery - Retail	\$50.00	
Total Amount :		100.00	

I do hereby acknowledge the receipt of Instructions for Change Of Manager/Additional Stockholder(s) / Partner(s) and make a request for the above mentioned change(s).

4/15/16  
Date

*[Signature]*  
Signature

2016 MAY 23 P 2:40  
11:10

2016 APR 29 A 10:33  
11:10